

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JAN 10 AM 8:59

DOCUMENT # L 060000 82686

1. Limited Liability Company's Name

UNITED CONTRACTORS OF
FLORIDA, LLC

500190843965
01/10/11--01066--003 **516.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #

3137 SW 27 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3137 SW 27 Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

8/21/2006

6. FEI Number

205390888

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

FERNANDO A. BARBERENA

Street Address (P.O. Box Number is Not Acceptable)

3137 SW 27 Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Date

1/06/2011

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	FERNANDO A. BARBERENA	3137 SW 27 Ave.	Miami, FL 33133

REINSTATEMENT 09, 10, 11

11. E-mail Address: fabarberena@gmail.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date

1/06/2011

Daytime Phone #

(786) 327-6565

Typed or printed name of signing Managing Member/Manager